



State of Michigan  
MENTAL HEALTH DIVERSION COUNCIL  
Lansing

To: Members of the Michigan State Legislature  
From: Mental Health Diversion Council  
RE: Mental Health Diversion Council 2014 Progress Report

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January 5, 2015

Distinguished Members of the Legislature,

In February 2013, Governor Snyder issued Executive Order 2013-07, creating the Mental Health Diversion Council. The charge to the Council is to:

“...reduce the number of people with mental illness or intellectual or developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety.”

As chair of the Council, I am pleased to provide you with the attached progress report that outlines the Council's efforts over the past twenty-two months. The Council has received a great deal of support over the past two years from our legislative partners through both legislation and appropriations. It is the intent of the Council to provide the legislative body with regular updates to keep the legislature abreast of its initiatives.

We are heartened by the enormous amount of work that has been accomplished in this short amount of time but acknowledge that there is still much to be done. In keeping with the desire to maintain an open line of communication, the Council is hopeful that the following information is helpful and will act as a driving force to continue to keep Michiganders safe and offer adults and youth with mental health issues a chance for treatment in lieu of incarceration.

Should you have any questions regarding this Council, I welcome you to contact me at your convenience.

I look forward to continuing our partnership on this critical issue in the months and years ahead.

Sincerely,

A handwritten signature in blue ink that reads "Brian Calley".

Lt. Governor Brian Calley  
Chair, Mental Health Diversion Council

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## MENTAL HEALTH DIVERSION COUNCIL BACKGROUND

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Data shows that up to 64% of jail inmates in our state and up to 22% of Michigan prison inmates have a mental illness. Governor Snyder has stated that preventing the unnecessary incarceration of those with behavioral health conditions that these data reflect is a priority for his administration. Hence, in his September 2011 Health and Wellness message Governor Snyder remarked on the “disproportionate share of persons with behavioral health issues behind bars” and directed the establishment of a workgroup to create an action plan to address the following recommendations from the 2008 Mental Health Work Group report: (1) improve mental health services in the community, in the jails, and in the court system, (2) institute diversion programs, (3) improve the management of individuals in jail, and (4) share information appropriately across the criminal justice system.

Through the direction of the Michigan Department of Community Health (MDCH) and the Michigan Department of Corrections (MDOC), the Diversion Strategies Workgroup was formed in January 2012, consisting of key department representatives, judges and other trial court personnel, law enforcement, mental health professionals, and advocates for persons with mental illness. In March 2012, Governor Snyder reemphasized the importance of the workgroup's charge in his Public Safety message. That June, the workgroup completed the Diversion Action Plan, implementation of which would represent a "systems change" in how Michigan accomplishes the diversion of individuals with mental illness away from incarceration and to monitored treatment.

In February of 2013, Governor Snyder elevated the workgroup by forming the Mental Health Diversion Council and appointed Lt. Governor Brian Calley as the chair. The Council officially adopted the action plan and members are currently working to accomplish all of the outlined goals and milestones.

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## SCREENING, ASSESSMENT, AND TREATMENT

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*“It is important that the State of Michigan improve behavioral health screening, assessment, and treatment of individuals involved in the criminal justice system to improve identification, reduce risk, and provide adequate care for complex behavioral health conditions” – Executive Order 2013-7*

In a concerted and solemn effort to improve the behavioral health system and the people it serves, the Council has taken steps to improve the screening, assessment and treatment of individuals involved with the criminal justice system to improve identification, reduce risk and provide adequate care to those with mental illness, developmental or intellectual disabilities. Some of the Council’s accomplishments in the area of screening, assessment and treatment include:

- Creating clear metrics that evaluate every component of the Council’s action plan pertaining to diversion encounters, recidivism and treatment outcomes. This evaluation plan has been completed and is being further reviewed by the Council for consideration. Once adopted, this evaluation plan will serve as a guide to ensure all recommendations are being implemented effectively.
- Devising a survey for law enforcement (Michigan Chiefs of Police Association and Michigan Sheriff’s Association) that evaluated data such as the percentage of law enforcement contacts with the mentally ill and the most common responses to mental health related calls. Information from the survey went on to construct a pre-booking diversion data collection form that when implemented will give officers the opportunity to contribute to and draw from a statewide database.
- Developing a standard release form for exchanging confidential mental health and substance use information between various agencies involved with the treatment of a person with mental health or substance use disorders (Public Act 129’14). Having a standardized release of information form will provide a more efficient process for professionals from different agencies and different fields to give treatment in a more expedited manner. MDCH has spearheaded the effort to come up with this standard release form and has held meetings for the past six months with a variety of work groups to accomplish this task. As of January 1, 2015, the final draft will be ready to unveil and for agencies to start utilizing.
- Establishing, through the passage of the Mental Health Court Legislation, an ongoing assessment report and recommendations for continuing assessment.
- Coordinating with the Mental Health and Wellness Commission to expand the scope of the Mental Health Diversion Council (Executive Order 2014-7) to include four additional seats that encompass the needs of the Juvenile Justice population.
- Addressing the needs of Michigan’s youth related to the criminal justice system by convening and adopting the Juvenile Justice Action Plan.
- Passing legislation that maximizes opportunities for individuals with mental illness or developmental disabilities to be considered for jail diversion. The bills are now Public Act’s 28’14 and 29’14.
- Tracking indicators such as recidivism, time between police contacts/psychiatric crisis, and abscond rates were devised to calculate return on investment for current and future pilots.

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## EFFECTIVE COORDINATION

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*“Effective coordination of state and local resources is needed to provide necessary improvements throughout the system, including stakeholders in law enforcement, behavioral health services, and other human service agencies.” Executive Order 2013-7*

The Council recognizes the need to effectively coordinate with state and local resources to provide necessary improvements throughout the system including stakeholders in law enforcement, behavioral health services and other human service agencies. With that in mind, action was taken and accomplishments made in a variety of different areas.

- Identifying and focusing on challenges within communities around the state on the issue of jail diversion for the mentally ill is one of the prime directives of the Council. To that end, the Council sought out and subsidized five pilot sites around the state to initiate innovative ways to divert the mentally ill and developmentally disabled from incarceration. The purpose was to look at these models and learn from them statistically in order to replicate them around the state once they were deemed effective. Communities were considered from both rural and urban settings and offer a wide range of diversion options for consideration. Pilots are currently located in the counties of Marquette, St. Joseph, Kalamazoo and two in Detroit/Wayne. These pilots are different from the Mental Health Court system which is considered a “post booking” model whereas the aforementioned pilots are “pre booking” models that would address consumers prior to them becoming involved in the court system.
- Expanded the aforementioned pilots to build on their success, and extend their time and resources. As such, four of the five pilots were issued an extension of time (four months to make the total amount of time twelve months) and three of the pilots requested and received maintenance funding for their project until September 30, 2015.
- Issued requests for proposals from the Michigan Department of Community Health and the Michigan Department of Corrections for a second round of pilot sites as a result of funding secured in the fiscal year 2015 budget. Eight sites have been selected from the RFP’s received and will start on January 1, 2015. Pilot locations include Barry County, Berrien County, Detroit Central City, Kalamazoo County, Monroe County, Network 180, Oakland County and Pathways in Marquette. Initiatives include, but are not limited to, developing or expanding Crisis Intervention Teams (CIT), extending services within the jail setting, housing upon release and increased staffing to effectively coordinate jail diversions both in and out of the jail setting.
- Expanded the effective tools and efforts of mental health courts across the state. In addition to the passage of the mental health court package that codifies the structure and expectations of the courts, the Council has dedicated financial resources to the expansion of existing courts and the creation of new ones across Michigan to continue their efforts.
- Supporting law enforcement as a critical component to the diversion process. The Council has placed a strong emphasis on training police officers to deal specifically with the mental health population in the form of Crisis Intervention Training (CIT). These officers go through a comprehensive 40 hour training regimen that specifically addresses what they would need to know when engaging with the mentally ill in the field and how best to divert them, when appropriate. The CIT is currently being piloted in Kalamazoo and is looking to expand statewide.
- Providing a statewide web-based training curriculum, developed and implemented by the Council to cross-train several systems that are involved with the mentally ill through service delivery and the criminal justice system. This includes but is not limited to, law enforcement,

courts, first responders, Community Mental Health and related service agencies. The new members of the Council that are focusing on the juvenile population have already begun connecting with the Regional School-Justice Partnership Summits where stakeholders from the school system, criminal justice system, and advocacy groups gather in order to work out better ways to intervene with youth.

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## SUCCESSFUL ENACTMENT

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*“Establishment of the Mental Health Diversion Council within the Michigan Department of Community Health will advise & assist in the implementation of a diversion action plan, & provide recommendations for statutory, contractual, or procedural changes to improve diversion.” Executive Order 2013-7*

Knowing that change within the system needs to come from the highest levels, the Council is committed to advising and assisting in the implementation of the Diversion Council action plan and will provide recommendations to high level officials that can in turn affect statutory, contractual or procedural changes to improve diversion statewide.

- The scope and breadth of what the Council represents and what it is trying to accomplish remains a massive undertaking. In an effort to streamline the processes and be more efficient in accomplishing our goals, subcommittees were formed that meet as much as needed in between the scheduled monthly Council meetings. Each subcommittee meets to address specific goals of the overall Council and are responsible for, but not limited to, the topics of pilots, consent and communication, screening and assessment, data and outcomes, treatment and benefits, and finally, juvenile justice.
- A survey of Michigan jails was conducted on behalf of the Council pertaining to the baseline prevalence of mental illness within the jail system and current services provided. Gaps identified in these surveys were addressed in order to increase treatment within the jail setting, decrease incidences of verbal/physical altercations while incarcerated, and increase overall safety for both officers and mentally ill inmates.
- The use of “Assisted Outpatient Treatment” (AOT) orders, commonly known as “Kevin’s Law,” is one way to help mandate treatment to a segment of the mentally ill population that do not recognize their need for services. The Council conducted focused interviews with counties that utilize this underused law to understand its shortcomings, perceptions of it by communities and what changes can be made in order for this law to be more accepted by the courts. As a result, a panel has been comprised of experts around the state to convene and develop ways in which Kevin’s Law could be more easily accessed and utilized. Representation from the judiciary, advocacy, the State Court Administrators Office, Michigan Department of Community Health, Community Mental Health Program’s and others started convening in late October of 2014 and are looking at issues of funding, legislative changes and implementation of an AOT process that is more streamlined and accessible.
- The Council examined and bolstered existing policy that would suspend Medicaid coverage of an inmate, rather than terminating their services while in jail.
- Since the inception of the Council, the need for a full-time employee to coordinate, maintain, and facilitate the implementation of the Action Plan set forth by the council was recognized. This person would also act as liaison between subcommittees, pilot sites and the Council as a whole as well as assisting with legislative strategies and policy issues. This position was filled on March 3, 2014.
- With the expansion of the Diversion Council that now includes Juvenile Justice, it was acknowledged that full time assistance will be needed in order to accommodate this much increased work load. The process has been set in motion to hire a Juvenile Justice Analyst that will help incorporate the action steps within the Juvenile Justice Action Plan as well as coordinate with Council members on subcommittees to implement initiatives.